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FROM: Robert K. Cerpa

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Comments:

Attorney Docket No. 606952000420
Group Art Unit: 1624
Examiner: P. Ward
Application No.: 10/812,156
Filing Date: March 29, 2004
Inventor(s): Robert VUKOVICH et al.
Title: PREPARATION OF METAL MESOPORPHYRIN HALIDE COMPOUNDS

Papers Enclosed:

Transmittal Form (1 page)

Power of Attorney (1 page)

Statement Under 37 CFR 3.73(b) (1 page)

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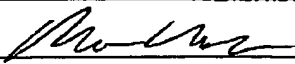
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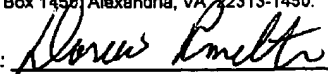
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/812,156
		Filing Date	March 29, 2004
		First Named Inventor	Robert VUKOVICH
		Art Unit	1624
		Examiner Name	P. Ward
Total Number of Pages in This Submission	3	Attorney Docket Number	606952000420

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73(b) (1 page) Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Robert K. Cerpa		
Date	November 20, 2006	Reg. No.	39933

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/812,156
	Filing Date	March 29, 2004
	First Named Inventor	Robert VUKOVICH
	Art Unit	1624
	Examiner Name	P. Ward
	Attorney Docket Number	606952000420

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number: 25226☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

John R. Post, President & CEO

Date

3/22/07

Telephone

(650) 260-1484

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Robert VUKOVICH et al.Application No./Patent No.: 10/812,156 Filed/Issue Date: March 29, 2004Entitled: PREPARATION OF METAL MESOPORPHYRIN HALIDE COMPOUNDSInfacare Pharmaceutical Corporation, a corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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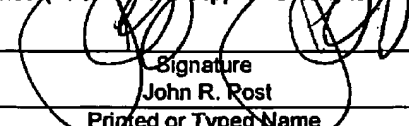
2. From: Wellspring Corporation To: Infacare Pharmaceutical Corporation
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☐ Additional documents in the chain of title are listed on a supplemental sheet.

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[NOTE: A separate copy (i.e., a true copy of the original) assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



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Printed or Typed Name
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Title

3/22/07

Date
(650) 260-1484

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